

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042310

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3169

FILED OCT 30 1963

VS 300,
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		c. CITY OR TOWN Hanley Hills	
Length of stay in 1b DOA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis Co Hosp		d. STREET ADDRESS (If outside, give location) 1901 Bainbridge	
3. NAME OF DECEASED (Type or print) Hurley DALE HUPP		4. DATE OF DEATH Month Oct Day 15 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/12/1917
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		11. BIRTHPLACE (City and state or country) Old Monroe Mo	
13a. FATHER'S NAME Charles C Hupp		14. NAME OF HUSBAND OR WIFE Ila Bayless Hupp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW#2 US Navy		16. SOCIAL SECURITY NO. Dennis Hupp 1901 Bainbridge	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Damage Gunshot wound of head Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (Subject reported 'Missing' A.M., of 10/12/63)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted gunshot wound of head	
20c. TIME OF INJURY Hour 9:00 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year 10/15/63	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) field, short distance from road		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St. Louis Missouri		
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) Coroner		22b. ADDRESS Clayton, Missouri	
22c. DATE SIGNED 10/18/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/18/1963	23c. NAME OF CEMETERY OR CREMATORY Mt Lebamom	23d. LOCATION (City, town, or county) (State) Bridgeton Mo
24. FUNERAL DIRECTOR Ortmann F Home 9222 Lackland Overland Mo		25. DATE RECD. BY LOCAL REG. 10-16-63	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

El C. Ostmann

Licensed Embalmer No.

3478

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.